



3738  
TFW

**IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE**

APPLICANTS: Albert K. Chin  
APPLICATION NO.: 09/635,345  
FILING DATE: August 9, 2000  
TITLE: Apparatus and Methods for Subxiphoid Endoscopic Access  
EXAMINER: Thomas C. Barrett  
GROUP ART UNIT: 3738  
ATTY. DKT. NO.: 80121-07179

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 2/15/06

By: A.C. Smith  
Albert C. Smith, Reg. No.: 20,355

COMMISSIONER FOR PATENTS  
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**STATUS REQUEST**

SIR:

Our file for the subject application reveals that there has been no action on this application since the granting of Applicant's Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR §1.137(b). The response granting this Petition was mailed November 21, 2005.

Please inform the undersigned, at the below stated address, of the status of  
this application.

Respectfully submitted,  
Albert K. Chin

Dated: 2/15/06

By: Albert C. Smith

Albert C. Smith, Reg. No.: 20,355

Fenwick & West LLP

Silicon Valley Center


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 <p style="text-align: center;"><b>TRANSMITTAL FORM</b></p> <p style="text-align: center;"><i>(to be used for all correspondence during pendency of filed application)</i></p>		Application Number	<b>09/635,345</b>
		Filing Date	<b>August 9, 2000</b>
		First Named Inventor	<b>Albert K. Chin</b>
		Group Art Unit Number	<b>3738</b>
		Examiner Name	<b>Thomas C. Barrett</b>
Total Number of Pages in This Submission	<b>3</b>	Attorney Docket Number	<b>80121-07179</b>

<b>ENCLOSURES</b> <i>(check all that apply)</i>	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <div style="padding-left: 20px;"><input type="checkbox"/> Check Enclosed</div> <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <div style="padding-left: 20px;"><input type="checkbox"/> Copies of IDS Cited References</div> <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [    ] Page(s) <div style="padding-left: 20px;"><input type="checkbox"/> After Final</div> <input checked="" type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <div style="padding-left: 40px;">[    ] Sheet(s) of Figure(s) [    ]</div> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <div style="padding-left: 20px;"><i>(Appeal Notice, Brief, Reply Brief)</i></div> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>REMARKS:</b>	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated:	2/15/06

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Signature:		<i>A. C. Smith</i>	
Typed or Printed Name:		Albert C. Smith	Dated: 2/15/06
Express Mail Mailing Number (optional):			